

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

BRUCE ALTENBURGER,

Plaintiff,

-against-

FEDERAL BUREAU OF PRISONS,

Defendant.

24-CV-2966 (ALC)

ORDER DIRECTING PAYMENT OF FEE
OR IFP APPLICATION

ANDREW L. CARTER, JR., United States District Judge:

Bruce Altenburger, who is currently incarcerated in USP Allenwood in Pennsylvania, brought an action together with other incarcerated individuals. *See Pinson v. Federal Bureau of Prisons*, No. 24-CV-1312, 1 (MKV). Each individual's claims were severed and opened as a separate action, and the first of these severed actions was assigned to my docket under the Rules for the Division of Business Among District Judges. *See Moreno v. Federal Bureau of Prisons*, No. 24-CV-2900 (ALC). In *Moreno*, the complaint seeking injunctive relief from the U.S. Bureau of Prisons was recharacterized as a petition for a writ of *habeas corpus* under 28 U.S.C. § 2241, for which the applicable filing fee is \$5.00. *See Moreno*, No. 24-CV-2900, 6.

Altenburger's severed claims were opened as a new action under this docket number, 24-CV-2966, and the action was assigned to my docket as related to *Moreno*, No. 24-CV-2900 (ALC). If this action likewise is to proceed as a petition for a writ of *habeas corpus* under 28 U.S.C. § 2241, Altenburger must first either pay the \$5.00 filing fee or, to request authorization to proceed *in forma pauperis* (IFP), submit a signed IFP application. *See* 28 U.S.C. §§ 1914, 1915. The filing fee or an IFP application must be submitted thirty days of the date of this order.

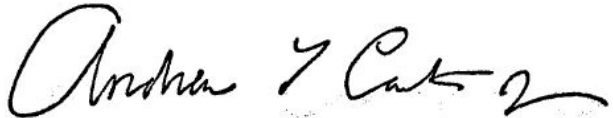
If Petitioner submits the IFP application, it should be labeled with docket number 24-CV-2966 (ALC).¹

No answer shall be required at this time, and no summons shall issue. If Altenburger fails to comply with this order within the time allowed, or otherwise respond, the action will be dismissed without prejudice.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore *in forma pauperis* status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: June 17, 2024
New York, New York

A handwritten signature in black ink, appearing to read "Andrew L. Carter, Jr.", written in a cursive style.

ANDREW L. CARTER, JR.
United States District Judge

¹ If Altenburger does not wish to pursue relief under Section 2241, and seeks to proceed with a civil action, he must either (1) submit an IFP application and a prisoner authorization form (authorizing installment payments of \$350.00 from his prison account, 28 U.S.C. § 1915(b)(1)); or (2) prepay the \$405.00 in fees (the \$350 filing fee and a \$55.00 administrative fee).

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(full name of the plaintiff or petitioner applying (each person
must submit a separate application))

-against-

CV _____ () ()

(Provide docket number, if available; if filing this with
your complaint, you will not yet have a docket number.)

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☐ No

If "yes," my employer's name and address are:

Gross monthly pay or wages: _____

If "no," what was your last date of employment? _____

Gross monthly wages at the time: _____

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(b) Rent payments, interest, or dividends	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

- | | | |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)